

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALEM SPRINGLAKE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 NORTH HAYDEN AVE.</b> <b>SALEM, KY 42078</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 282 SS=D	<p>An Abbreviated Survey investigating Complaint KY#23579 was conducted on 08/05/15 through 08/10/10. Complaint KY#23579 was unsubstantiated with unrelated deficiencies cited at the highest Scope and Severity of a "D".</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to implement the care plan for one (1) of four (4) sampled residents (Resident #2).</p> <p>Resident #2 was care planned for a restraint with an interventions to check every thirty (30) minutes and release every (2) hours; however, direct observation for approximately one and one-half (1 1/2) hours revealed staff did not check or release the resident's restraint.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Resident Assessment Comprehensive Care Plan", dated 04/14/15, revealed the facility must use the assessment to develop, review and revise the resident's comprehensive plan of care which must be measurable objectives and timetables to meet requirements that reflect the facility's</p>	F 282			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/21/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>responsibilities to provide necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Record review revealed the facility admitted Resident #2 on 01/11/14 with diagnoses which included Dementia, Communication Deficit, Lack of Coordination, Falls, Altered Mental Status, Anxiety, Depression. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 07/08/15 revealed the facility assessed Resident #1's cognition as severely impaired.</p> <p>Review of the Comprehensive Care Plan, dated 05/18/15, revealed the resident was care planned for a rear attached seat belt which was a restraint with an intervention to check every thirty (30) minutes and release every two (2) hours.</p> <p>Observation of Resident #2's room from the nursing station, on 08/06/15 at 8:56 AM, revealed this resident was restrained in his/her wheelchair with a rear attached seat belt. Further direct continuous observation revealed no staff entered the resident's room to check or release the restraint from 8:58 AM until 10:25 AM (approximately one and one-half hours).</p> <p>Interview with Certified Nurse Aide (CNA) #1, on 08/06/15 at 9:05 AM, revealed she had worked for the facility for one and one half (1 1/2) years as a CNA. She stated the facility policy was for staff to check restraints every thirty (30) minutes and release every two (2) hours. She revealed some shifts have only one (1) CNA on the hall and it was difficult to complete this task. She stated there were days when the staff was not</p>	F 282			

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F 282	Continued From page 2  able to check them for one and one-half (1 1/2) to two (2) hours due to short staffing. She stated she was aware staff should follow the care plan and she had access to the document.  Interview with the Director of Nursing (DON), on 08/10/15 at 1:35 PM, revealed she expected all staff to follow policy/procedure and care plans. She stated a restrained resident should be observed every thirty (30) minutes and released every two (2) hours for safety of the resident.  Interview with the Acting Administrator, on 08/10/15 at 1:37 PM, revealed he expected all staff to follow a care plan. He stated a restrained resident should be observed every thirty (30) minutes and released every two (2) hours for the resident's safety.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and	F 309			

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F 309	<p>Continued From page 3</p> <p>psychosocial well-being, in accordance with the comprehensive assessment and plan of care for one (1) of four (4) sampled residents (Resident #2).</p> <p>On 05/18/15, Resident #2 was assessed and care planned for a rear attached seat belt with an intervention to check every thirty (30) minutes and release every two (2) hours. Observation for approximately one and one-half (1 1/2) hours revealed Resident #2 was in his/her wheelchair in his/her room and no staff checked and/or released the restraint.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Physical Restraint Procedures and Physical Restraint Overview", both dated 01/08, revealed the policies did not address the parameters of when restraints should be checked or released; however, interview with the Director of Nursing (DON), on 08/10/15 at 1:35 PM, revealed the facility follows the standard of nursing practice of Lippincott Eighth (8 th) edition which reads that restraints should be checked every thirty (30) minutes and released every two (2) hours.</p> <p>Record review revealed the facility admitted Resident #2 12/29/14 with diagnoses which included Dementia, Communication Deficit, Lack of Coordination, Falls, Altered Mental Status, Anxiety, and Depression. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 07/08/15, revealed the facility assessed Resident #2's cognition as severely impaired.</p> <p>Review of the Comprehensive Care Plan, dated 05/18/15, revealed the resident was care planned</p>	F 309			

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F 309	<p>Continued From page 4</p> <p>for a rear attached seat belt which was a restraint with an intervention to check every thirty minutes and release every two (2) hours.</p> <p>Continuous observation of Resident #2's room from the nursing station, on 08/06/15 from 8:56 AM until 10:25 AM (approximately one and one-half hours) revealed this resident was restrained in his/her wheelchair with a rear attached seat belt and no staff entered the room to check and/or release the restraint.</p> <p>Interview on 08/06/15 at 9:05 AM with Certified Nurse Aide (CNA) #1 revealed she had worked for the facility for one and one-half (1 1/2) years as a CNA. She stated the facility's policy was for restraints to be checked every thirty (30) minutes and released every two (2) hours. She revealed there were shifts when there was only one (1) CNA on the hall and it was difficult to complete this task. She stated there were also days when the staff was not able to check them but every one and one half (1 1/2) to two (2) hours due to short staffing.</p> <p>Interview on 08/10/15 at 1:35 PM with the Director of Nursing revealed, she expected all staff to follow policy/procedure and care plans. She stated a restrained resident should be observed every thirty (30) minutes and released every two (2) hours for safety of the resident.</p> <p>Interview on 08/10/15 at 1:37 PM with the Acting Administrator revealed, he expected all staff to follow the care plan. He stated a restrained resident should be observed every thirty (30) minutes and released every two (2) hours to ensure their safety.</p>	F 309			